

WYOMING STATE SHOOTING ASSOCIATION
MEMBERSHIP APPLICATION



NAME _____
FIRST LAST

ADDRESS _____

CITY

STATE

ZIP

PHONE NUMBER _____

E-MAIL _____

INDIVIDUAL MEMBERSHIP APPLYING FOR

☐ **\$5 JR.** {PER YEAR, UNDER 21} ☐ **\$25 ANNUAL** ☐ **\$65 3 YEARS**

☐ **\$100 5 YEARS** ☐ **\$350 LIFE** ☐ **\$1500 PATRON**

*******CLUB*******

☐ **\$20 ANNUAL** ☐ **\$50 3 YEARS** ☐ **\$80 5 YEARS**

PLEASE PRINT NEATLY {ESPECIALLY YOUR E-MAIL ADDRESS} AND SEND WITH DUES TO
WSSA Box 574 DAYTON, WY. 82836